

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM****Secretary of State****DOCUMENT # A97000001819**1. Entity Name
AVENTURA SELF STORAGE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
19501 BISCAYNE BLVD., SUITE 400 ATTN: LEGAL DEPT. AVENTURA FL 33180	19501 BISCAYNE BLVD., SUITE 400 ATTN: LEGAL DEPT. AVENTURA FL 33180

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0779251 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWARTZ DANIEL J
19501 BISCAYNE BLVD., SUITE 400
ATTN: LEGAL DEPT.
AVENTURA FL 33180 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **MARIO A. ROMINE****04/20/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 100.0010. Amount of Capital Contributions
in FLORIDA to date. 100.00**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	GRAMMACY, INC.	19501 BISCAYNE BLVD., SUITE 400 AVENTURA FL 33180	

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	TURNBERRY SELF STORAGE, INC.	19501 BISCAYNE BLVD., SUITE 400 AVENTURA FL 33180	

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Jeffrey Soffer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres 04/20/2001

Date

Daytime Phone #

CR2E003 (11/00)